



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: FRANCISCAN HEALTH CROWN POINT

City of Hospital: Crown Point

Year Begin: 01/01/2019 (mm/dd/yyyy format)

Year End: 12/31/2019 (mm/dd/yyyy format)

Person Completing the Report: Kendra Schuett

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Medicare Provider Number: 15-0126

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$319062651
Outpatient Patient Service Revenue	\$530917429
Total Gross Patient Service Revenue	\$849980080

2. Deductions From Revenue

Contractual Allowance	\$554399347
Other Deductions	\$20309709
Total Deductions	\$574709056

3. Total Operating Revenue

Net Patient Service Revenue	\$275271024
Other Operating Revenue	\$6206227
Total Operating Revenue	\$281477251

4. Operating Expenses

Salaries and Wages	\$105944374	Employee Benefits	\$27486524
Depreciation and Amortization	\$19442255	Interest Expense	\$7810475
Bad Debt	\$2446449	Other Expenses	\$102653931
Total Operating Expenses	\$265784008		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$15693243	Total Assets	\$251117244
Net Non-operating Gains over Loss	\$-157767	Total Liabilities	\$28246404

Total Net Gains	\$15535476
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$382269265	\$166653418	\$215615847
Medicaid	\$109577081	\$57450194	\$52126887
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$358133734	\$330295735	\$27837999
Total	\$849980080	\$554399347	\$295580733

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$179152	\$0	\$179152

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$222471	\$-222471
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$131646	\$-131646

Number of Medical Professionals Trained	382
Number of Hospital Patients Educated	436921
Number of Citizens Exposed to Health Education Messages	2884

Statement Six: Charity Statement

Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$5521283	
HCI Payments	\$0		
Subtotal	\$0	\$5521283	\$-5521283
Medicaid Shortfalls	\$23993128	\$43021827	
Subtotal	\$23993128	\$48543110	\$-24549982
DSH Payments	\$0		
Subtotal	\$23993128	\$48543110	\$-24549982
Medicare Shortfalls	\$70024675	\$104915646	
Other Government Programs	\$0	\$238727	
Total	\$94017803	\$153697483	\$-59679680

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$9160620	\$17437930	\$-8277310
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$399381	\$-399381
Other Allocations	\$0	\$0	\$0

Comments

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